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No. and Date of Order	Date of Delivery or Service	(Enter description schedule, a	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)			QUANTITY	UNIT PRICE		AMOUN	AMOUNT	
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certify that the above bill is correct and just and that payment has not been received. (Payee must NO						must NOT	use this		\$8,356	2	
(Sign original only)									 		
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	THE REVERSE OF THIS	FORM MUST BE EXECUTED	D WHEN PURCHASES ARE MADE	OR SERVICES SECU	RED WITHOUT	WRITTEN AGE	EEMENT IN	ANY FORM			
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